REMARKS

The present application includes claims 1-38. Claims 1-36 were rejected by the Examiner. By this amendment, claims 1, 15, 20, 24 and 25 have been amended. Claims 9, 10, 21 and 22 have been canceled. New claims 37 and 38 have been added.

Claims 1-3, 5-10, 25-29 and 35-36 were rejected under 35 U.S.C. 102(b) as being anticipated by Mortimore et al. (U.S. Patent No. 5,950,207).

Claims 15-24 were rejected under 35 U.S.C. 102(e) as being anticipated by Lucas (U.S. Patent No. 6,221,010).

Claims 3 and 30 were rejected under 35 U.S.C. 103(a) as being unpatentable over Mortimore in view of Ballantyne et al. (U.S. Patent No. 5,867,821).

Claims 11-14 and 31-34 were rejected under 35 U.S.C. 103(a) as being unpatentable over Mortimore in view of Kasso (U.S. Patent No. 5,893,073).

Claim 1 has been amended to recite the limitations that the status monitor monitors operations that occur at the data source and/or the centralized remote data store and triggers transfer of medical data at the data source to the centralized remote data store based on the operations monitored. Additionally, claim 1 has been amended to specify that the centralized remote medical data store is an application service provider.

Claim 15 has been amended to recite the limitation that the centralized remote data store stores medical data that is indexed according to data source. Additionally, claim 15 has been amended to specify that the centralized remote medical data store is an application service provider. Claim 15 has been amended to recite the limitation that the

status monitor monitors actions occurring at the data source and controls the centralized

remote data store and data source to transfer the medical data from the centralized remote

data store to the data source based on a trigger. The trigger is generated based on an

action occurring at the data source.

Claim 25 has been amended to recite the additional step of detecting an operation

involving medical data executed at a medical data source. Claim 25 has also been

amended to recite the limitation that the medical data is transferred from the medical data

source to a centralized remote data store based on a trigger produced by the operation

executed at the data source. Additionally, claim 25 has been amended to recite the

additional step of indexing the medical data at the centralized remote data store according

to the data source.

Claims 20 and 24 have been amended to provide proper antecedent basis to said

data source rather than said first data source. New claims 37 and 38 have been added to

recite the additional limitation of a private network connection for transferring medical

data between the data source and data store.

The Applicant now turns to the Examiner's rejection of claims 1-3, 5-10, 25-29

and 35-36 under 35 U.S.C. 102(b) as being anticipated by Mortimore. Mortimore relates

to a management system for tracking and assigning unique identification numbers to both

hard copy and soft copy objects (col. 2, lines 28-40). A database stores identification

numbers to avoid human errors caused by manual entry of identifiers (col. 2, lines 22-25

and 41-47). That is, Mortimore relates to an electronic labeling system (col. 1, lines 43-

59, col. 2, lines 22-47). A database manages those labels.

Mortimore does not teach or suggest a centralized remote data store provided by an application service provider, as recited in independent claims 1 and 15. Rather, Mortimore relates to a conventional computer server (col. 6, lines 31-41). Additionally, Mortimore does not teach or suggest a status monitor. This limitation is recited in claims 1 and 15. Rather, Mortimore simply recites a data process queue at a location (col. 7, lines 11-29) and a feedback device associated with a scanner scanning a hard copy to create a representation of the hard copy (col. 10, lines 27-40). Mortimore does not detect an operation involving medical data executed at a medical data source, as recited in independent claim 25. Rather than having a status monitor to trigger transfer of medical data between a data source and the centralized remote data store, as recited in claims 1 and 15, Mortimore has an operator manually select data objects for transmission by selecting the appropriate identifier and reading the selected identifier from a database directory (col. 11, lines 49-67 and col. 12, lines 1-17).

Thus, the Applicant respectfully submits that Mortimore does not teach the limitations of independent claims 1, 15, and 25, as amended. Therefore, independent claims 1, 15, 25, and their respective dependent claims should be allowable.

Next, the Applicant turns to the rejection of claims 15-24 under 35 U.S.C. 102(e) as being anticipated by Lucas. Lucas relates to a home medical supervision and monitoring system (Abstract, col. 1, lines 66-67). Lucas provides medical supervision and monitoring to help individuals needing health care to remain in their home surroundings and enhance their independent of personnel-intensive care (col. 1, lines 66-67, col. 2, lines 1-3). Individuals may be electronically monitored and assisted. Thus,

Lucas provides monitoring of patient medical conditions and environmental conditions via an in-house localized computer control means (col. 2, lines 17-30). Thus, patient health difficulties or environmental hazards, such as smoke, fire, or intrusion may be monitored. The in-home system may contact a physician for help (col. 3, lines 5-10). The system of Lucas is not a centralized system and is not provided by an application service provider. Archiving in Lucas is done locally (col. 6, lines 44-53).

Lucas does not teach or suggest a centralized remote data store storing medical data that is indexed according to data source. This limitation is recited in independent claim 15. Additionally, Lucas does not teach or suggest an application service provider centralized remote medical data store, as recited in claim 15. Furthermore, Lucas does not teach or suggest a status monitor that monitors actions occurring at a data source and that controls the centralized remote data store and data source to transfer medical data from the centralized remote data store to the data source based on a trigger. The trigger is generated based on an action occurring at the data source. These limitations are recited in amended independent claim 15. Rather, any monitoring devices in Lucas physically monitor patient physical condition or home environment status and may contact a physician or emergency personnel if a medical emergency occurs (col. 3, lines 40-62). Data in Lucas may be archived locally according to a preset time schedule.

Therefore, the Applicant respectfully submits that claims 15-24 should be allowable.

Turning to the Examiner's rejection of claims 3 and 30 under 35 U.S.C. 103(a) as being unpatentable over Mortimore in view of Ballantyne, the Applicant submits that the

claims, as amended, should be allowable over Mortimore in view of Ballantyne, as described above. Mortimore does not teach or suggest the limitations of amended independent claims 1, 15 and 25. Therefore, Mortimore also does not teach or suggest the limitations of dependent claims 3 and 30.

Ballantyne relates to a distributed system of medical services at nursing stations and bedside units (col. 6, lines 32-46). Ballantyne may be implemented within a unique security architecture based on identification and authentication of individuals requesting access to the health record database (col. 7, lines 66-67 and col. 8, lines 1-7). Ballantyne does not teach or suggest a centralized remote data store provided by an application service provider, as recited in independent claim 1. Additionally, Ballantyne does not teach or suggest a status monitor. This limitation is recited in claim 1. Ballantyne also does not teach or suggest detecting an operation involving medical data executed at a medical data source, as recited in independent claim 25. Ballantyne does not teach or suggest transferring medical data from a medical data source to a centralized remote data store based on a trigger produced based on an operation executed at the data source. This limitation is recited in claim 25. Ballantyne also does not teach or suggest indexing the medical data at the centralized remote data store according to data source. This limitation is recited in independent claim 25.

Therefore, combining Ballantyne with Mortimore still would not teach or suggest all of the limitations of dependent claims 3 and 30. The Applicant respectfully submits that claims 3 and 30 should be allowable.

The Applicant now turns to the rejection of claims 11-14 and 31-34 under 35 U.S.C. 103(a) as being unpatentable over Mortimore in view of Kasso. As described above, Mortimore does not teach or suggest the limitations of amended independent claims 1, 15 and 25. Therefore, Mortimore does not teach or suggest the limitations of dependent claims 11-14 and 31-34. Kasso does not teach or suggest a centralized remote medical data store comprising an application service provider. This limitation is recited in independent claim 1. Rather, Kasso represents and stores schedules of recurring events. Kasso does not relate to medical data. Kasso also does not teach or suggest a status monitor for controlling the transfer of medical data from a data source to the centralized remote data store, wherein the status monitor monitors operations occurring at the data source and/or centralized remote data store and triggers medical data transfer to the centralized remote data store based on the operations. This limitation is recited in claim 1. Rather, Kasso relates to generating a visual calendar display with a recurring schedule of events. Kasso does not teach or suggest detecting an operation involving medical data executed at a medical data source or indexing the medical data at a remote centralize data store according to data source, as recited in independent claim 25.

One of ordinary skill in the art would not combine Kasso with Mortimore. However, even if the teachings of Kasso were combined with Mortimore and/or Tawara, the combination still would not teach or suggest the limitations of the claimed invention. Thus, the Applicant respectfully submits that claims 11-14 and 31-34 should be allowable.

During the telephone interview with the Examiner, the Examiner also mentioned Bessette (U.S. Patent No. 6,263,330). However, Bessette provides a distributed, rather than centralized, network where database records include data elements indicative of data type and pointers providing addresses for remote locations containing the data (Abstract, col. 4, lines 35-39). Statistical queries may be constructed to locate relevant data based on the data type and pointer information (Abstract). Bessette does not teach or suggest a centralized remote data store implemented with an application service provider. Additionally, Bessette does not teach or suggest a status monitor for controlling the transfer of medical data between a data source and the centralized remote data store. Rather, the client-sever architecture mentioned in Bessette does not include such a status monitor. As recited in independent claims 1 or 15 of the present application, the status monitor monitors operations or actions occurring at the data source and/or centralized remote data store and triggers transfer of the medical data based on an operation or action at the data source and/or centralized remote data store. Bessette mentions searching for patient records based on a patient identifier, treatment, condition, age, or sex, but does not mention indexing medical data at a centralized remote data store according to data source. This limitation is recited in claim 25. Bessette also does not teach or suggest detecting an operation involving medical data executed at a medical data source and transferring the medical data from the data source to a centralized remote data store based on a trigger produced based on the operation, as recited in amended independent claim 25.

Therefore, the Applicant submits that the claims of the present application are allowable over Bessette.

CONCLUSION

The Applicant respectfully submits that the claims of the present application are allowable over the prior art. The Applicant thanks the Examiner for his hard work on this application. If the Examiner has any questions or the Applicants can be of any assistance, the Examiner is invited and encouraged to contact the Applicants at the number below.

The Commissioner is authorized to charge any necessary fees or credit any overpayment to the Deposit Account of GEMS-IT, Account No. 502401.

Respectfully submitted,

Date: ____December 29, 2003____   _____

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